

# EXHIBIT 6

## VICTIM IMPACT STATEMENT

I was once a confused little girl. I was sexually abused by [REDACTED] and he took many, many pictures of what he did to my sister and me. He had more than one million pictures on his computer of my sister and me and other children when the police caught him. I am a victim of child pornography and I know that these pictures of me and what are the most awful and shameful things imaginable have been around the world on the internet. I know that [REDACTED] sent them to Denmark, Belgium, Germany, England, Switzerland, and the Netherlands as well as many, many places here in the United States.

[REDACTED] and his friends in his "Fun Club" are far more dangerous than the typical scummy criminal. These men, and the many others who I know have looked at the pictures of me are clean-shaven, wear nice clothes and have good jobs, even professional jobs like [REDACTED] did. They live a secret, double life and can pass as normal and be respected but they are the worst of the worst and have committed horrible crimes. They are worse than the ones who look like criminals, because they are all around us and we don't know who they are.

I am plagued with horrible images of what is now permanently on the internet showing what [REDACTED] and men have done to me. I am a hypochondriac. I have had severe anxiety attacks and I am very paranoid all the time. I feel that everyone knows what was done to me and that anyone and everyone around me when I am outside of my house may have seen these pictures and will recognize me. I am afraid that men will come on to me because they have seen these pictures and want to torture me too. I have had people I know in my town come up to me and ask me how I am and then start talking about what happened and how awful it was and they just keep talking and talking like they don't know that even bringing it up and especially out in public, hurts me more. If it had not been pictures all over the internet, I don't think this would happen.

All I ask for is a little peace and space to be left alone and do the best with my life that I can. I have learned that no drug, alcohol, or alter call can help me over this. Most days I feel like a zombie, just going through the motions. I got involved with drugs and alcohol. I thought the more I did, the more the thoughts would go away and I would feel nothing. The drugs and alcohol got the best of me and I yelled and screamed and fought with my mom and my family and refused to go to school. I had behavioral problems at school and had to be removed a lot. I am so lucky that my mom and my sisters and brother stuck with me and helped me finish school. I never could have done it without them. I often thought of suicide and once overdosed. I live with such shame and fear every day. Every day I feel unsafe and threatened. I wonder if the men who my father sent my pictures to are getting out of jail or whether there are others who have seen my pictures and will try to come find me. I know that I need therapy. I have low self-esteem, guilt, shame and blame. I have trouble sleeping, I have anxiety, I am dependent on my family for support to just get through the day and

to be able to accomplish the things I am able to. We had a little bit of counseling when this all first happened but I need it more now. I believe I need therapy long term and I would like to start as soon as I can afford it. What I experienced has layers and I am committed to healing my whole life.

I have a job as a server in a restaurant now. I have sometimes had problems getting through a shift. Recently a customer told me I looked familiar to him. He kept saying it over and over and asking me questions about myself and my background. I thought that he must have seen my pictures and I became afraid and ran away. I was upset and crying and could not finish my shift. Even when men don't ask questions like that sometimes I am overcome with fear or anxiety and have to withdraw. I tried to take part in things at school like being a cheer leader. I worked hard at it and could do all the cheers. I was really good at it but being out in front of all those people at the games was too much for me. I got overwhelmed and afraid and I had to quit. I just want to be normal like other girls my age. But I struggle to do the "normal" things. I feel I have to work twice as hard to fit in, to get average grades, to get through a shift at work, to go to college, or to get my license to drive. I want to go to college to become a nurse. I think I would be really good at it. I can do the school work but it is so hard for me to go into a place full of strangers that I don't know if I can do it. I hope that with therapy I will be able to overcome my fears and get on with my life.

I will need real help to cope. I live in fear everyday because I am still being mistreated and abused by having my photos out there forever. I have gotten buckets of letters to prove it. Every time I look up a person named in those letters I think of my father who had over one million pictures and of all those terrible things he did to me and my sister. I think about how my life doesn't matter to the people that look at my pictures, that they just use me for their pleasure. I am so thankful for [REDACTED] being caught, for being stopped. I couldn't imagine another day of what I had to go through and that he was encouraging other terrible men like himself to do those things to other children. Please think of me and how it is my dream to be normal when some clean-shaven, khakis and button-up-shirt doctor or other person like [REDACTED] some guy who downloads pictures of me or my sister or some other tortured little child, may be convicted and is not your typical scummy looking criminal. They hurt us every time they look at our pictures. They are the reason we are afraid every day, that we cry almost every day, and some days don't want to go on.

7.22.14

Date:

  
[REDACTED]  
Signature:

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**FORENSIC PSYCHOLOGICAL EXAMINATION**

**CASE NAME:** **Alice**  
**EXAMINEE:** **Alice (pseudonym)**

**DATE OF BIRTH:**

**DATE OF EXAMINATION:** **August 17-19, 2014**  
**DATE OF REPORT:** **November 21, 2014**

**REASON FOR REFERRAL**

Carol Hepburn, Attorney at Law, has requested that a forensic psychological examination be conducted on her client, Alice. She and her sister, Aurora, are child sexual abuse survivors whose images of having been sexually abused have been disseminated onto the Internet. Their images are being viewed by individuals and further distributed to others.

Through the National Center for Missing and Exploited Children (NCMEC), Alice and Aurora are aware that these images of their abuse and degradation as children are being distributed and viewed by a number of individuals. Each of them, through their attorney, represent that each of these crimes create a continuing victimization inflicted upon them by these adult offenders, the effects of which are ongoing psychological damages. Alice and her sister, Aurora, are seeking restitution from those who have been arrested and convicted of the possession and/or distribution of images involving sexual abuse in which they were victims.

Hence, this evaluation was conducted in order to address the manner in which, if any, the knowledge of the distribution and possession of those images by others has injured, or is injuring, Alice psychologically. She and her sister represent through their attorney that they are being exposed to the effects of the continuing existence of these images on the Internet for the indefinite future.

This evaluation will address the degree to which Alice has been psychologically or psychosocially injured by the impact of the knowledge of the downloaders of their images. If so, it will further address whether those injuries qualitatively are distinct from the injuries sustained by their father and others who originally abused her.

**BACKGROUND INFORMATION**

Alice and Aurora are victims of members of an international child pornography ring, the headquarters of which was situated in [redacted]. It was apparently started in [redacted]. This ring, referred to by its members as "The Club," was primarily composed of parents who molested their own children, or allowed their children to be sexually assaulted by others.

International law enforcement agencies coordinated in a joint venture named "Operation Hamlet" to arrest at least twenty members of "The Club." Their [redacted] was living with the victims and other family members when their house was raided. He was arrested in January [redacted]. Authorities discovered that he had 40 CDs containing approximately one million child pornography-related images. The August [redacted] indictment indicates that the members would actually order particular types of sexual activity with a child under the abusive control of other members.

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- Alice fears being alone with a male, is unsure what any particular male might know about her, whether he has seen her images, or what his intent might be.
- She says that the knowledge that these images will remain on the Internet adds an additional burden for her, as it relates to feeling as if she has a threat hanging over her. She also fears that the group of downloaders would pose a risk to any children she might have, as well. While it is unclear whether she would have ever wanted children at some point, the malignant influence of those fixated on her images has added a significant additional reason to rule out childbearing in her future.

Psychological testing is consistent in reflecting that Alice is a person who has many atypical and unusual experiences, and whose clinical elevations might be considered amplified, were it not for her actual history. In this case, her responses globally reflect someone who has clinically significant levels of anxiety, depression, PTSD, somatic concerns, and pervasive sleep problems. A common thread of her test results suggests that she is in a global state of feeling fearful and overwhelmed, and that the internal experience of that perspective is to feel easily "flooded" with fear, dread, anxiety, negative views of herself, a sense of inadequacy, and a predisposition to avoidance and isolation. The explanation of "best fit" for her test results in the context of her life narrative is that they are valid, and that they are not consistent with an interpretation of malingering or "faking bad."

#### Diagnostic Impressions

296.33	Major Depressive Disorder, Recurrent Episode, Moderate
309.81	Posttraumatic Stress Disorder with Dissociative Symptoms
300.23	Social Anxiety Disorder
301.82	Avoidant Personality Disorder
300.82	Unspecified Somatic Symptom and Related Disorder
301.89	Other Specified Personality Disorder with Paranoid (Criteria 1, 3), Borderline (Criteria 6, 7, 8, 9), and
V15.41	Personal history of sexual abuse in childhood
V62.89	Victim of Crime: childhood sexual abuse and ongoing victim of images of her childhood sexual abuse being distributed, downloaded, and viewed online
V62.29	Other problems Related to Employment
V62.3	Educational Problem
303.90	Alcohol Use Disorder, Moderate, in Sustained Remission
304.30	Cannabis-Related Disorder, Moderate, in Sustained Remission
304.10	Anxiolytic Use Disorder, Moderate, In Sustained Remission
305.90	Other (MDMA) Substance Use Disorder, Mild, In Sustained Remission

#### Conclusions

1. In my professional opinion, the interview of Alice, collateral interviews, psychological testing, and the review of available records form the basis for the following conclusions regarding the referral questions, stated to a degree of reasonable psychological probability. The following opinions and recommendations are based on available information and, should additional information become available, are subject to revision.

The available information indicates that Alice carried a host of challenges resulting from the multiple tragedies of her betrayal from her father, the chronic, severe childhood sexual abuse caused by him and multiple other perpetrators, and the exposure of her and Aurora's lives throughout their known world, including their fellow students.

All of the Posttraumatic Stress Disorder symptom clusters were present, including intrusive re-experiencing of the trauma, avoidance and numbing, and physiological reactivity and hyperarousal.

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In addition, there were other implications arising from those traumas that are not adequately captured by the DSM-5 diagnosis of PTSD. For this, the conceptualization of complex PTSD (a non-DSM 5 concept) takes into account chronic exposure to multiple traumas by caregivers and its influence on child development.

Alice met the criteria for a complex posttraumatic presentation. This included psychological fragmentation (loss of a coherent sense of self), and a set of shattered assumptions related to a loss of a sense of safety, trust in self and in others, and self-worth. Repeated traumatization during childhood can result in problems with the following, and has in Alice's life, as well as her sister's:

- Attachment problems: including boundaries, trust issues, social isolation, and impaired emotional attunement)
- Biological dysregulation, including somatization;
- Affective or emotional regulation problems: difficulty modulating intense emotions, difficulty with the identification of emotions besides anger and with affect expression, along with difficulty expressing needs, preferences and wants in a healthy manner;
- Dissociation: including depersonalization, daydreaming, difficulties integrating painful life experiences into one's cohesive life narrative, and memory difficulties, and challenges remaining "present" in the moment;
- Cognition: including, challenges regulating attention, development of pre-frontal cortical functions including the higher executive functions such as visualizing, planning, mindfulness, judgment, resourcefulness, initiation, and problem solving;
- Self-concept: including lack of a cohesive, integrated, sense of self. Co-occurring self-concept issues include poor self-esteem, shame, guilt, and disrupted sense of self-as-context.

Alice also appears to have significant anxiety disordered problems with aspects of Generalized Anxiety Disorder and Social Anxiety related to her early traumas. The PTSD-related functions of fear, catastrophic thinking, in addition to feelings of inadequacy and insecurity, are mixed in with that.

Also related to the abuse is depression that is chronic and related to the low self-esteem and pessimism about one's future, along with chronic unhappiness and sadness that was never far removed from being accessed.

2. Stated to a reasonable degree of psychological probability, Alice's interview, collateral interviews, and files indicate that she has been psychologically injured by the dawning awareness that images of her and Aurora have been, and are continuing to be, distributed and viewed by downloaders throughout the world.

Even if Alice was aware that pictures were taken, she was unaware, and could not comprehend at the time, how the images were being used and disseminated, or the implications for the future that are associated with that. This is, in part, due to her developmental capacity at that age, and, in part, due to overwhelming immediate psychological challenges for survival with which she was dealing. So it is typically not until adulthood that the survivor of abuse and image distribution begins to abstract and comprehend the potential implications and confront the real and imagined dangers and risks inherent in the situation. This happened for her around the time she turned 18 and was

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informed about the existence and proliferation of their images on the Internet, and the arrests and convictions of a number of individuals possessing those images.

It appears that only as Alice entered into her later teens or into early adulthood that she became aware of the dissemination of those images depicting their shaming, painful, and frightening abuse experiences, memorialized in perpetuity. To the four persons whom I have now evaluated who are in this type of dual traumatization, this realization is uniformly destabilizing, anxiety and fear inducing to an extreme degree – sometimes beyond the ability of others to comprehend.

It does appear to the victim/survivor such as Alice that the core pedophilic perpetrators from the original abuse have multiplied into many. Given Alice's experience of what her or her sister's abusers were capable of, realizing there are multiple other persons possessing those same crime images involving her at the worst, darkest time of her life is threatening and revivifies the risk once again from many more pedophiles. This, in turn, continues to trigger PTSD-like symptom reactions.

Furthermore, as is the case for Alice and her sister, the psychological threat load arising from the knowledge of each additional downloading/distributing offender falls upon an individual who is already compromised and extremely vulnerable, lacking adequate psychological resources to bring to bear on this potential threat to them. In none of the four survivors has there been a strong, internally cohesive sense of self who is able to dismiss the threat posed to them by the individual and aggregate impact of these offenders.

However, unique to the cases involving Alice and Aurora, based upon my experience in this area, is the added trauma of what I have referred to as the second of three waves of trauma: the public notoriety of the case in their local community and beyond. Of the cases I have evaluated, these two were exposed to a frenzy of media coverage that stripped away their privacy when they had not even been the ones to disclose the abuse. There is abundant evidence to indicate in my professional opinion that Alice and Aurora were significantly and adversely affected by the invasive media coverage that spread to the awareness of their community and to a number of their student peer group. This exposure added to the shame and self-consciousness, and in many respects, interfered with a therapeutic, private environment in which they could attempt to heal.

In that context, Alice and Aurora had already become sensitized and hypervigilant to the implications of indiscriminate exposure to others who knew about the case, their father, their family, and them. Then, roughly six years later, thinking the threat was only historical, they were informed of the activity level of downloaders and distributors. This had the effect of making the unsafe, threatening, and invasive world substantially more dangerous, threatening, and depraved.

In each of the two other cases of dual traumas of abuse and internet distribution, the parent/perpetrator was eventually arrested, pleaded guilty, and had been incarcerated for many years. As difficult and destructive as the original abuse was, in each evaluation, the appearance of one offender after another who is still downloading and/or distributing images effectively constitutes a trigger that reactivates the past and interjects the past into their present – and indefinitely into the future. This creates a constant stream of frightening, potentially threatening, malignant intrusions into their current world. This is true for Alice; she is no exception.

In the field of traumatology, it is understood and widely accepted that the development of PTSD after an initial traumatic event may be one of the strongest risk factors for exposure to subsequent trauma, and the primary risk factor for experiencing retraumatization following a subsequent trauma. In other words, persons such as Alice or her sister carry a vulnerability to be further traumatized when exposed to a further traumatic event, such as the awareness of a stressor like the knowledge of the existence of the downloaders and distribution of their images.

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Therefore, when subsequent persons commit a crime against a previously traumatized victim/survivor, they have selected someone already at heightened susceptibility to further, qualitatively different injury. The phenomenon of retraumatization appears to be very important in shaping how people respond to trauma. This is thought to be partly related to neurobiological as well as psychobiological consequences that render a person susceptible to greater injury when exposed to future trauma.

The criminal action of each downloader, representative of the group of downloaders to Alice, has effectively re-traumatized her each time notice is received. While she has delegated Ms. Hepburn to buffer her from weekly notifications from NCMEC, she still is affected by her knowledge of the existence, activity, and threat appraisal with which she deals.

These actions have caused psychological injuries, apart from the original injury from the abuse, the results of which have a permanent impact, stated to a degree of reasonable psychological probability. These injuries are clinically significant and have been specifically identified in this report. They include, but are not limited to posttraumatic stress symptoms, including reactivation of reminders of her trauma, nightmares, avoidance patterns, emotional volatility and mood swings, anger, depression, a variety of anxiety symptoms, relational distress, and aggravated sleep disturbances.

Because of the indefinite presence of the images online, the inability to remove them, and the multiple individuals already apprehended and adjudicated, she has been conditioned to expect that they will never go away and never stop presenting a threat to her, not knowing who, when, or how the threat will present itself. Stated to a reasonable degree of psychological probability, these psychological injuries are permanent.

As traumatic as the notification of the apprehension and adjudication of each offender is, it also appears to provide Alice with a sense of trying to gain some control when she has chronically felt powerless. She has come to recognize the wisdom of relying upon her attorney and the rule of law in order to seek restitution for her injuries. Therefore, it is my conclusion that Alice is choosing to do so as part of a restorative, reparative restitution to make a statement to offenders, to take a stand, to be strong when she feels weak and vulnerable, and to obtain resources to help her afford to receive the services necessary to give her any hope of salvaging a life that has meaning and purpose.

#### **Recommendations and cost estimates for treatment**

On the basis of the clinical interview, collateral contacts, available records, and psychological testing in this evaluation, I recommend that Alice continue to pursue the psychotherapy she has just begun. Based upon a reasonable degree of psychological probability, it is my professional opinion that the cumulative psychological injuries related to the downloading and/or distribution of the images of her being abused are severe and permanent.

The focus needs to be based upon the issues identified in this report, including the following:

1. Stabilization of mood and development of healthy self-soothing strategies/ techniques.
2. Remediation of sleep disturbances and develop restorative sleep patterns.
3. Processing her life story to develop insight and understanding of the impact of the past and present trauma-related stressors on her life.
4. Develop an appropriate assertive communication and conflict resolution style, rather than being aggressive or volatile.
5. Develop a healthy approach rather than avoidance or attack pattern of behavior.
6. PTSD symptom remediation or reduction, including an understanding of the role of avoidance in maintaining unhealthy coping strategies.

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7. Participate in some therapy, as indicated, with her sister to help them collectively learn how to metabolize and process their common challenges, harnessing the mutual strengths rather than each individually dealing with her issues.
8. Participate in some therapy, as indicated, with her core family members, processing collectively what they have survived, identifying what behaviors are desirable to encourage healing and healthy individuation, rather than unhealthy codependency and boundary enmeshment.
9. Develop healthy, safe coping skills to deal in as healthy a manner as possible in a world in which there are abusers, downloaders, and distributors of her images online.
10. Grieve the losses in life.
11. Developing healthy cognitive-based strategies by use of Dialectical Behavioral Therapy and Acceptance and Commitment Therapy.
12. Reduce shame and guilt while concurrently building self-respect.
13. Develop an ability to implement independent living, including learning to drive.
14. Develop healthy boundaries.
15. Develop greater capacity to trust and become vulnerable in the context of a trustworthy, respectful relationship.
16. Develop an ability to focus and concentrate at school/ work.
17. Develop an ability to attend school and to work productively with minimal debilitating anxiety.
18. Participate, as indicated, in relational counseling.
19. Address the substantial sexual issues with which she struggles.

Accordingly, I recommend the following remediation for Alice. Please note that these recommendations are similar to those I have made for her sister. The similarity is their general treatment issues and needs justify, in my professional opinion, a treatment delivery platform that is comparable in the broad context, but will be tailored to the unique challenges each faces within the recommended treatment modalities. Additionally, the recommendation contains significant latitude within the proffered ranges of treatment sessions, allowing for clinically appropriate therapeutic interventions tailored to the needs of each.

1. Psychiatric Intervention for psychotropic medication assessment and treatment:  
Psychiatric evaluation for medication  
 If medications are prescribed, monthly med review appts.  
 If medications are prescribed, bi-monthly med. review appts.  
 If medications are prescribed, quarterly med review appts. for possibly 20 – 30 years
2. Individual psychotherapy:
  - Twice weekly appointments @ \$175/session for 5 – 7 years: \$87,500 - \$122,500
  - Weekly appointments @ \$175/session for 5 – 7 years: \$43,750 – 61,250
  - Every other week appointments @\$175/session for 5 – 7 years: \$21,875 – 30,625
3. Relationship therapy:
  - Lifetime total related to family of origin and/or significant adult relationship issues related to the impact of the image dissemination and downloaders: 75 -150 sessions @ \$200/session: \$15,000 - \$30,000
4. Life coach:
  - Weekly sessions @ \$130/session for 3 – 5 years: \$19,500 – 32,500
5. Total estimated costs: \$209,925 - \$304,275

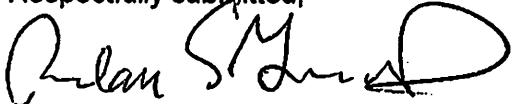
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Please do not hesitate to contact me in the event that you have questions or clarification about the contents, conclusions, and recommendations contained herein. My conclusions are based upon the body of information available to me as of the completion of this report. I reserve the right to revise any portions of this forensic evaluation in the event that additional materials are provided that might affect the conclusions that I have reached.

Respectfully submitted,



Randall L. Green, Ph.D.  
Clinical Psychologist